



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS
VIA ACH FOR URSULINE ACADEMY OF DALLAS**

I hereby authorize Ursuline Academy of Dallas to initiate a monthly withdrawal from my account for my daughter's tuition account. **If applicable, Bear Necessities charges, parking, student trips and draft fee will be included in the draft amount.** The drafts will **begin June 2019** and continue **through April 2020** on the 3rd or 18th day of each month. If such days occur on a Saturday, Sunday, or bank holiday, the withdrawal will occur on the next business day. If necessary, I authorize credit entries and adjustments for entries in error to my checking or savings account.

Name of Student(s): 1) _____ ID _____
2) _____ ID _____
3) _____ ID _____

Have you used the Ursuline Academy Draft for the prior year? Yes or No
If yes, are you using the same account? Yes or No
Are you using the same date? Yes or No

Bank: _____ Checking: _____ Savings: _____

Bank ABA Routing Number: _____ Account number: _____



This authority is to remain in full force and effect until Ursuline Academy of Dallas has received written notification from the undersigned of its termination or the account balance has been paid in full. Written notification to Ursuline Academy of Dallas should be addressed to the attention of the Finance Office and be received twelve days prior to scheduled withdrawal date.

Name (Parent/Guardian) _____

Telephone: Work # _____ Home # _____

Draft Date (circle one): 3rd or 18th

Signature of Authorization _____ Date _____

Relationship to Student _____

**Mail or FAX completed form to: Ursuline Academy of Dallas
ATTN: Finance Office
4900 Walnut Hill Lane
Dallas, TX 75229**

FAX: 469-232-3572